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Navy & Marine Corps Medical News

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Headline: Top doctor attacks a leading killer of women

By LT Rick Haupt, TRICARE Region 3

SAN DIEGO -- Why is breast cancer important to the Department of Defense? In a word, readiness, according to Dr. Sue Bailey, assistant secretary of defense for health affairs, who spoke to military healthcare professionals at a DOD breast cancer conference here recently.

"Women now reflect a new and essential component of the military services," Bailey said. "Almost 200,000 now serve on active duty and when we include the reserve components, there are about 400,000 women in the armed forces.

"Of course, the healthy and physically fit service member, male or female, is the central focus of our Military Health System," she said. "Healthy, fit, and medically protected military personnel ensure preparedness on the battlefield. For this reason, breast cancer is also a readiness issue. Secretary of Defense Cohen recently said, 'One thing is clear, we cannot run the military today without women,'" she added.

Breast cancer is diagnosed in one of every eight women over a lifetime, is the leading cause of death among women ages 15-54, and is the most common cancer in American women.

Since 1996, Congress has funded \$25 million annually for the DOD Breast Cancer Prevention, Diagnosis and Education Initiative to increase access to clinical services through

TRICARE, the military health plan. The initiative has improved the training of providers in breast care and educated beneficiaries on the need for breast cancer screening and detection.

Bailey said that while readiness is the primary focus of the MHS, peacetime health care is equally important and tightly integrated into the MHS mission. TRICARE has improved access to and quality of breast care, not only to active duty members, but also to retirees and family members. There are greater than 1.3 million women over age 50 who are eligible for care from the MHS, and Bailey is committed to providing top quality care to them.

"Our mothers, our sisters, our wives, our daughters, our aunts, our nieces, in fact, all women everywhere, are beloved and vital members of our families and our communities," she said. "We must work together to preserve a bright and healthy future for a vital national resource -- our women."

In addition to the \$25 million for clinical services, Congress funded DOD with \$75 million in 1998 for breast cancer research, making it the second largest breast cancer research organization in the United States.

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Headline: Vehicle provides mobile breast cancer diagnosis, education

By LT Kyra Hawn, Naval Medical Center Portsmouth

PORTSMOUTH, Va. -- Naval Medical Center Portsmouth, in cooperation with TRICARE Mid-Atlantic, commissioned the Mobile Education and Clinical Unit earlier this month as part of the Department of Defense breast cancer prevention, education and diagnosis initiative.

The MECU is a tractor-trailer-sized vehicle, designed to deliver education, improve public awareness, increase knowledge of breast cancer and provide clinical breast examinations in a non-traditional medical setting. As a mobile platform for promoting wellness and training, the MECU will provide pier-side training for Navy units, squadron-based instruction for Air Force units, and company-sized training for women in the Marine Corps and Army.

The MECU will visit base exchanges, commissaries, air shows and other community events and also areas beyond range of military treatment facilities to bring breast cancer awareness to women who do not regularly visit their local clinic or hospital.

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Headline: Portsmouth dialysis center assists local communities

By CDR Paul J. Pontier, MC, Naval Medical Center Portsmouth

PORTSMOUTH, Va. -- When Hurricane Bonnie arrived in the Hampton Roads, Virginia area with its high winds, the hurricane caused widespread power outages that hampered local civilian kidney dialysis centers in providing the

dialysis or blood cleansing service to patients. Individuals suffering from renal failure or kidney disease need a machine to cleanse their blood of toxins because their kidneys are unable to perform this routine function.

Without their scheduled dialysis treatments, they could soon face a life or death situation. Those suffering from chronic kidney failure must receive the 'cleansing' treatment three times a week or risk life-threatening complications such as heart and respiratory failure.

The morning after Bonnie passed through Hampton Roads, Naval Medical Center Portsmouth renal dialysis center received telephone calls from community dialysis centers in Virginia Beach, Va., and Chesapeake, Va., seeking assistance from NMCP for their patients. Fortunately, NMCP had not lost power and the dialysis unit was fully staffed.

Ellen Annunziata, the registered nurse in charge of NMCP's dialyses unit, sprang into action. The unit was already scheduled to operate two, four-hour shifts that day for regularly scheduled patients. She coordinated a third four-hour shift to accommodate civilian patients. And although the dialysis staff been on hurricane watch for the prior two days, all of the dialysis staff volunteered to extend their workday.

Even though the hurricane caused many problems, missed dialysis treatments for certain patients was not one of them. Navy Medicine was able to assist the local community in a time of need. Bravo Zulu to those Navy Medical Center Portsmouth team members whose extra effort helped their community.

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Headlines: Lucky Shamrocks get treated at Balboa
By Doug Sayers, Naval Medical Center San Diego

SAN DIEGO -- Within a matter of months, Naval Medical Center San Diego's Emergency Department has again gotten the attention of the aviation community.

It began in March when four aircrew from the VS-41 "Shamrocks", the West Coast S-3B aircraft Fleet Replacement Squadron based at Naval Air Station North Island, were airlifted to the Medical Center after their S-3B Viking crashed off the Southern California coast. Thirty minutes after ejecting from their disabled aircraft and landing in the Pacific Ocean, the aircrew was rescued and transported to Balboa, where Emergency Department personnel went into action. All four survived and were later discharged from the Medical Center after treatment.

Fast forward to August 31, it's nearly midnight and another S-3B is in trouble over San Clemente Island, just off the San Diego coast. Immediately after ejecting from their plane, two flyers parachuted to the rocky terrain of the island below. Again, they were rescued and transported to Balboa's Emergency Room for treatment.

In each case Commander, Sea Control Wing, Pacific Fleet and the commanding officer of VS-41 released messages

praising Navy Medicine and Naval Medical Center San Diego, in particular.

"Once again the Navy saw many units come together and flawlessly execute this evolution," said Commodore J. W. Buckner, describing the rescue and treatment of the aircrew, "The capstone to this event was the superbly orchestrated emergency and trauma response at both Branch Medical Clinic, San Clemente Island and at Balboa. Please pass on my personal thanks to the men and women who provided the best care available."

CDR J. P. Kelly, Commanding Officer, VS-41, followed with his own message saying, "Having witnessed your outstanding initial response and the superb follow-up care you've given my two aviators, I want to express my thanks and appreciation for your professional dedication and expertise. Please pass on my special thanks to the Emergency Room staff, and to the entire team of professionals who've provided such phenomenal care."

True to its motto, "Standing by to assist," when called upon, Naval Medical Center San Diego turned to and provided life-saving treatment to aircrew who survived violent ejection from a disabled jet. Once again, the crises showed how Navy Medicine exists to support the Fleet.

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Headline: Japanese, Americans build professional relationships

By Bill Doughty, U. S. Naval Hospital Yokosuka

YOKOSUKA, Japan -- Physicians from U. S. Naval Hospital Yokosuka joined 30 Japanese counterparts from local Kyosai Hospital recently to share information at the "Kyosai-U.S. Naval Hospital Yokosuka joint clinical pathology conference."

LCDR Mike McGinnis, MC, and head of internal medicine at the Navy hospital coordinated the event, held at Kyosai.

"I teach conversational English to a group of Japanese physicians at Kyosai and we often discuss medical cases and the variance between Japanese and American styles of medicine."

The conference gave the Japanese physicians a chance to practice their English skills in a professional setting. American physicians gained an insight into the Japanese culture and an opportunity to meet with other health care professionals.

At the conference, Japanese and Navy physicians presented cases, comparing treatment strategies.

"While some things may be different, other approaches are quite the same," said LCDR McGinnis.

LT Ana Blackmon, MC, LCDR Myron Yench, MC, and LCDR Ron Linfesty, MC, gave a presentation about tuberculosis and the Kyosai Cardiology Department presented a case of sarcoidosis, a medical condition whose cause is unknown and which has no cure. The subject case initially presented to the doctors as a fainting spell associated with an abnormal

heart rhythm.

Kyosai Hospital, located minutes from Yokosuka Naval Base, is an important referral hospital for U.S. Naval Hospital Yokosuka. McGinnis said, "We have a very good relationship with the Cardiology Department at Kyosai. It's made a huge difference in the ease of our patients being seen there for various tests. By becoming acquainted in a social setting, it's eased the limitations for our patients being seen at the facility."

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Headline: Jacksonville has new customer assistance center
By LCDR Karen Sellers, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Patients at Naval Hospital Jacksonville have a new resource to use when they need administrative assistance in the hospital or with the TRICARE system.

The recently opened Customer Assistance Center combines the missions of two departments, Managed Care and Patient Services, by co-locating Health Benefits Advisors with Customer Service Representatives for convenient, patient-friendly, "one-stop shopping."

Customer Assistance Center staff members are available to help patients with health benefits advice, supplemental care assistance, claims resolution, and even TRICARE Prime enrollment. Advisors will also discuss patients' questions or concerns regarding their health care and will follow up on patient complaints.

Don Graham, division officer of the Customer Assistance Center, said the center's mission is to make providing service as convenient to customers as possible.

"If patients have a question of any kind, they can come to the Customer Assistance Center and we will help them," Graham said. "We don't have to send them away to find the answer, we either have it or [we] will get it for them."

Another added benefit is the convenience of TRICARE Prime enrollment at the hospital. In the past, beneficiaries interested in TRICARE Prime enrollment had to go to the TRICARE Service Center located off the base. Now, beneficiaries who want to enroll can just stop by the CAC and complete an enrollment application before leaving the hospital. Retirees also have the option of paying their enrollment fee at the CAC.

"In the past, when doctors encouraged patients to enroll in TRICARE Prime, many would not, because they had to make a special trip to the TSC. Now, it is more likely to happen. There has already been a noticeable volume increase in our patient visits in the short amount of time the department has been inside the hospital." Graham said.

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Headline: Enlisted Commissioning Program physical examinations.
By Catherine Esty, Naval Education and Training

PENSACOLA, Fla. -- Enlisted personnel who are planning to apply for the Enlisted Commissioning Program (ECP) should now be making appointments with medical facilities for physical examinations. Applications must be postmarked no later than Nov 1.

This ECP commissions personnel in the unrestricted line. Complete procedures for the administration reporting of these medical examinations are contained in NAVMEDCOMINST (6120.2 series). All medical studies and tests required for this type of physical can be found in OPNAVNOTE 1530 dated July 6, 1997.

For more information call Clyde Losey, CNET, at DSN 922-2788, ext. 317, Comm, 850-452-2788, ext. 317.

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Headline: TRICARE question and answer

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Question: How can I get up to date TRICARE information when I want it? Doesn't TRICARE have WEB sites?

Answer: You can get TRICARE news releases and information on-line. If you have Internet access, you can now sign up to receive TRICARE news releases and other TRICARE-related information via e-mail.

After you join the on-line mailing-list group for TRICARE news releases, you will receive an electronic copy of each news release about policy or rule changes, new benefits, etc., as soon as it is published. No more waiting days or weeks to see it in print in your favorite military newspaper or magazine.

To get on the TRICARE News electronic mailing list, just address a message to: tricare-on@csdmail.ml.org and send it. Do not use a subject on the message, and leave the body of the message blank.

Correction to TRICARE home page address

A recent article from TRICARE about how TRICARE claims are paid listed an incorrect address for the TRICARE Management Activity's home page on the Internet. The two correct home page addresses are: www.tso.osd.mil and www.ha.osd.mil.

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Headline: Healthwatch: Attention Deficit Disorder
By LT Tom Messe, MC, Naval Hospital Pensacola

PENSACOLA, Fla. -- Attention Deficit Disorder or ADD as it is also known, is a malady that can happen to children of all ages. It is not always quickly detected and it sometimes causes parents to wonder if their child is more "hyper" than other children. Because of the characteristics of ADD, it is important to promote awareness of this common affliction and to foster acceptance of these children by their families, friends and teachers.

The main symptoms of ADD include motor hyperactivity,

impulsivity, inattention and emotional problems. Children experiencing ADD have trouble sitting still and fidget more than other children their age. Other symptoms include being easily distracted by extraneous stimuli, having difficulty awaiting turn in games and blurting out answers to questions, among other traits.

Some children even lack the hyperactive symptoms but still have attention deficit qualities and could benefit from treatment. Those without hyperactivity will have trouble finishing things, do poorly in school, forget things, have trouble getting organized, lose their belongings, avoid things that require a lot of mental effort and have trouble following instructions.

It is believed that ten percent of boys and two percent of girls have ADD. The cause of ADD is unknown, but it does run in families. Brain defects may play a role, but it is not clear. Low birth-weight children tend to develop ADD more commonly, but the reason is unknown. Some environmental toxins such as lead have been implicated but never proven. Some medical causes such as hyperthyroidism could also be the cause.

If you believe that your child has this disorder, take the child to your doctor for evaluation. Your doctor may ask a pediatric psychiatrist to give a second opinion to help with the diagnosis.

The teacher is also a key player in the diagnosis. The teacher, to help with the diagnosis and to monitor the child, uses a standardized questionnaire called "The Conner's Report."

Even if your child is diagnosed with ADD, it does not always require medication. Behavior management is one key and it is used alone for mild cases.

Most importantly, avoid physical punishment. It tends to make ADD children worse. ADD children need more praise than normal children, and physical awards also have been shown to help.

The family with an ADD child must make lifestyle changes. Avoid social scenes where the child is expected to sit still. Provide a room in which the child can play and make noise. Go over the rules repeatedly and have the child repeat them back. Above all, take a break. If the child is getting to you, let your spouse take over and get out of the house.

Children usually learn to control their ADD by their teenage years, but some characteristics remain for life. If the child is not diagnosed and treated, the entire family will suffer. Marital harmony, parent satisfaction and sibling development will be influenced. It is also important to blame no one. Many parents think they are bad parents or some prefer to blame the child. Attention Deficit Disorder is common and no one is to blame.

(LT Messe works in the Family Practice Clinic at Naval Hospital Pensacola.)

Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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